

GUIDE TO SPECIAL ALCOHOL LICENSES

Pursuant to MGL c138, a license must be obtained before serving alcohol. Licensure is valid for the approved date of the license only. Note that for-profit entities may apply to serve wine and malt beverages only, and that non-profit entities may apply to serve wine and malt beverages or all forms of alcohol. The nonrefundable License fee is \$100.00.

To complete the application:

1. Fill in the Application for a Special Alcohol License. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers Compensation Insurance Affidavit.
2. Attach documentation that the property owner is aware of and has authorized the event.
3. Proceed to each of these Departments to obtain sign-offs:

Fire Prevention Bureau:	Mon-Fri 8-10AM, 3-4PM
617 623-1700 x8400	Franey Road (adjacent to Trum Field on Broadway)

Inspectional Services Division:	Mon-Wed 8AM-4PM, Thu 8AM-7PM, Fri 8AM-Noon
617 625-6600 x5600	Franey Road (adjacent to Trum Field on Broadway)

4. Proceed to the Police Dept. with two written letters of recommendation that attest to your professional and personal integrity, to obtain the approval of the Police Chief, as follows:

Police Department:	Mon-Fri 8:30AM-4PM
617 625-6600 x7200	220 Washington Street

5. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:

Treasury:	Mon-Wed 8:30-4PM, Thu 8:30-7PM, Fri 8:30-Noon
617 625-6600 x3500	93 Highland Avenue (City Hall)

6. Submit the application and the nonrefundable license fee to the Licensing Commission, City Clerk's Office, 93 Highland Avenue, Somerville, MA, 02143, 617 625-6600 x4108, email licensing@somervillema.gov, fax 617 625-4239. The Licensing Commission usually meets on the 3rd Monday of the month. Applications must be submitted at least ten days before the meeting. Applicants must attend the meeting.

NOTE: Pursuant to State Regulations, any alcohol used under a Special Alcohol License must be purchased from a licensed liquor wholesaler. Purchases from a retail liquor store, or donations from a retail liquor store, are strictly prohibited.

APPLICATION FOR A SPECIAL ALCOHOL LICENSE

Application Fee \$0 License Fee \$100

Date _____

FOR LICENSING COMMISSION ONLY

Date Recorded _____

Amount Paid _____

Name of Event: _____

Business (DBA) Name: _____ Phone: _____

Business Location in Somerville (with Zip Code): _____

Does the Applicant currently possess a valid Alcohol License in Somerville? ☐ Yes ☐ No

If yes, describe: _____

Applicant's Federal Employer Identification Number: _____

Applicant's Legal Name: _____

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: _____ Phone: _____

Type of Business (Check Only One and Provide the Names Indicated):

☐ **Sole Proprietor:** Name of Owner: _____

☐ **Partnership (inc. LLP):** Name of Partnership: _____

Names of All Partners Who Own More Than 20%: _____

☐ **Trust:** Name of Trust: _____

Names of All Trustees Who Own More Than 20%: _____

☐ **Corporation:** Name of Corporation: _____

Check one: ☐ For Profit Corporation ☐ Non Profit Corporation
(Allowed wine and malt only) (Allowed all forms of alcohol)

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

☐ **LLC:** Name of LLC: _____

Names of All Managers Who Own More Than 20%: _____

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Description of Event, including any Entertainment: _____

Location: _____ ☐ Indoors ☐ Outdoors

Date and Time: _____

Estimated attendance at any one time: _____ Estimated total attendance: _____

Proceeds to be used for: _____

What beverages will be sold: ☐ All forms of alcohol ☐ Wine and malt only

Will all alcohol for this event be purchased from a licensed liquor wholesaler? Y ☐ N ☐

Have you hired a Police Detail for the duration of this event? Y ☐ N ☐

Have you provided documentation that the property owner has authorized the event? Y ☐ N ☐

Are you a citizen of the United States? Y ☐ N ☐

Have you ever obtained a special alcohol license before? Y ☐ N ☐

If yes, list date(s) and event(s): _____

Have you ever had a special alcohol license denied, revoked or suspended? Y ☐ N ☐

If yes, explain: _____

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: _____ Date: _____

Print Name: _____ Phone: _____

Obtain the signatures below before submitting this form to the Licensing Commission.

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Fire Prevention Deputy Chief or Designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Inspectional Services Sup't or designee
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Police Chief or designee	



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Somerville: _____

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name), the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20____. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

***The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111***

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- | | |
|--|--|
| <p><input type="checkbox"/> I am an employer with _____ employees (full and/or part time).</p> <p><input type="checkbox"/> I am a sole proprietor or partnership and have no employees.</p> <p><input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.</p> <p><input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.</p> | <p>Business Type: <input type="checkbox"/> Retail</p> <p><input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p><input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)</p> <p><input type="checkbox"/> Nonprofit</p> <p><input type="checkbox"/> Entertainment</p> <p><input type="checkbox"/> Manufacturing</p> <p><input type="checkbox"/> Health Care</p> <p><input type="checkbox"/> Other _____</p> |
|--|--|

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ **Permit/License #:** _____

Contact Person: _____ **Phone #:** _____

- ☐ **Board of Health**
- ☐ **Building Department**
- ☐ **City/Town Clerk**
- ☐ **Licensing Board**
- ☐ **Selectmen's Office**
- ☐ **Other** _____